

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-028613

STATE FILE NUMBER

DO NOT WRITE
ON THIS STU

AMENDED

Registration District No.

318
FILED JUL 31 1962

Primary Registration District No.

1003

Registrar's No.

7165

VS 300
Rev. 4/59

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2 215

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS</u>		c. CITY OR TOWN <u>ST. LOUIS</u>	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>CITY HOSPITAL</u>		d. STREET ADDRESS (If outside, give location) <u>3752 OSCEOLA</u>	
3. NAME OF DECEASED (Type or print) First <u>WALTER</u> Middle <u>J.</u> Last <u>ESWIN</u>		4. DATE OF DEATH Month <u>7</u> Day <u>19</u> Year <u>62</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2/10/1903</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MAIL CARRIER</u>		11. BIRTHPLACE (City and state or country) <u>ST. LOUIS</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>POST OFFICE</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOHN ESWIN</u>		13b. MOTHER'S MAIDEN NAME <u>NOTIE STUMPF</u>	
14. NAME OF HUSBAND OR WIFE <u>TILLIE</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>[REDACTED]</u>		17. INFORMANT <u>TILLIE ESWIN 3752 OSCEOLA</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hemorrhage; Shock resulting from multiple injuries; laceration of the myocardium, suffered when struck by truck operated by Michael Kramer after collision with same and car operated by Zell Coats in front of about #15 north Grand about 11:00 A.M., July 19, 1962.</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (not related to the terminal disease condition given in PART I (a)) <u>Accident</u>			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>See above</u>		20c. TIME OF INJURY Hour <u>11:00</u> a.m. Month, Day, Year <u>7-19-62</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>	
20f. CITY, TOWN, OR LOCATION <u>St. Louis, Mo</u>		COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____. Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Paul J. Simon</u> (Degree or title) <u>Deputy Coroner</u>		22b. ADDRESS <u>300 Clark</u>	
22c. DATE SIGNED <u>7/21/62</u>		22d. LOCATION (City, town, or county) (State) <u>Columbia, Ill.</u>	
23a. NAME OF CEMETERY OR CREMATORY <u>ST. PAUL E.P.</u>		23b. DATE RECD. BY LOCAL REG. <u>JUL 21 1962</u>	
23c. FUNERAL DIRECTOR <u>SCHUMACHER</u>		23d. REGISTRAR'S SIGNATURE <u>W. Smith M.O.</u>	

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that, the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.